

FRIENDS OF BREWSTER ELDERS

2016 MEMBERSHIP FORM

It's time to again either join or renew your membership in F.O.B.E.(Friends of Brewster Elders) for 2016.

F.O.B.E. is a non-profit entity of the Council on Aging. We offer financial and volunteer support for programs, activities and office equipment that would otherwise not be funded through the Town of Brewster. Your membership dues help to support these efforts.

Members receive special discounts to FOBE events throughout the year including the Holiday luncheon, St. Patrick's Day Party and summer cookout. In addition, you will receive a copy of the monthly newsletter, Bayside Chatter, mailed directly to you so you can keep up with current programs and classes.

Membership is \$10.00 per person. Please either mail in the membership form with your \$10.00 or drop into the COA (we're right next door to the Fire Department). Please be sure to include the contact information asked for on the form. This helps us work with the Fire & Police Department to better serve you. Also, if you stop by, be sure to request a current File of Life for your refrigerator. The important information on this form is of great help to the rescue squad should they have to make a call to your house. It could save your life!!!

If you are "flying south for the winter" we can always put your newsletter on "hold" till you return.

MEMBERSHIP IN THE FRIENDS OF BREWSTER ELDERS (FOBE) – 2016

Annual membership /\$10.00 per person- Single ____ Joint ____ New Membership ____ Renewal ____

Please make check payable to FOBE – if mailing form, please enclose a stamped, self-addressed envelope for return of your membership cards.

Name _____ Date of Birth _____

Spouses' name _____ Date of Birth _____

Residential Address _____ Town _____ State _____ Zip _____

Mailing Address _____ Town _____ State _____ Zip _____

Phone # _____ Cell Phone # _____

E-mail Address _____

Emergency Contact Name _____ Relationship _____

Phone # _____ File of Life Card Needed Yes ____ No ____

FOR OFFICE USE ONLY – Amount Paid _____ Cash _____ Check # _____ Date _____

Card Given ____ Card Sent ____ Date of Data Input _____ By _____ Swipe Card _____